

TO: Pro-Se Intake Unit

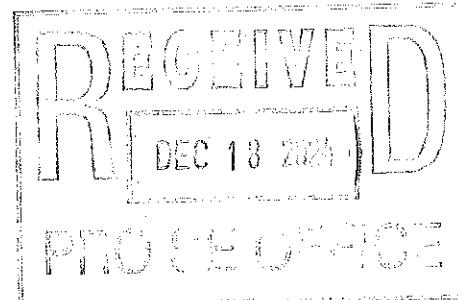
22-CV-1458  
23-CV-2102  
21-CV-10371

12/11/24

Southern District of N.Y.

FROM: Kwaine Thompson Dint# 23B0962

Marcy corr Facility  
Box 3600  
Marcy, NY, 13403



To: Judge Katherine Parker

I writing to know what happened to my dec, 8th Telephone conference? And in court order was given for a reschedulement?

Also the Mediator did she contact this court? Her name is Rebecca, my pro-bono attorney Sami Elamad said she works for William McDermott  
not really sure of the firm.

Thanks,

Sincerely

K. Thompson  
23B0962

P.S  
I still haven't  
got my

Hearing Aids  
Replaced

Even though I got fitted  
for a pair 6 months ago.

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STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

COPY LOCALLY  
AS NEEDED

## **REQUEST FOR REASONABLE ACCOMMODATION**

Marcy

## Correctional Facility

Inmate's Name	Div#	Date
Kwaine Thompson 23B0562 11/18/24 C-132		
INMATE REQUEST	I request reasonable accommodation to participate in the following program and/or service:	
	TTY phone	
INMATE REQUEST	I am limited in my ability to (explain disability or limitation).	HARD OF HEARING D.O.C.C.S.
	10 ST MY HEARING AIDS WHEN THEY LOST MY PROPERTY	
INMATE REQUEST	The accommodation requested is:	TTY phone ON 9/10/24
	(Sign and forward to the Deputy Superintendent for Program Services)	
RECD BY DSP	C. Spina (DSP Name)	C. Spina (Signature) A/DSP 11-8-24 Date
	Disability	
MEDICAL VERIFICATION	Functional limitations	
	No medical verification is on file. Follow-up appointment scheduled?	
REASONABLE ACCOM. DETERMINATION	Date inmate notified of pending medical evaluation/consult	
	11/15/24	
INMATE RECEIPT	The above requested reasonable accommodation has been:	
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Modified <input checked="" type="checkbox"/> Denied	
The specific accommodations approved are: pending determination of audiologist evaluation.		
Explanation of modification or denial: resubmit request upon completion of audiologist evaluation.		
12/1 (Inmate's Signature)		12/1 (DSP or designee signature)
		11/26/24 Date
<input type="checkbox"/> I agree <input checked="" type="checkbox"/> I disagree with this determination.		
I understand my right to file a grievance in accordance with Directive #4040, "Inmate Grievance Program".		
Signature K.T.		Date 11/27/24

MARCY CORRECTIONAL FACILITY

BOX 3600  
MARCY, N.Y. 13403-3600

NAME: John Adler DIN: 2482405

ROCHESTER NY 144

NEOPOST

14 DEC 2024 PM 3 L

12/12/2024

REGISTRATION \$000.690

REGISTRATION

04111259879

ZIP 13403

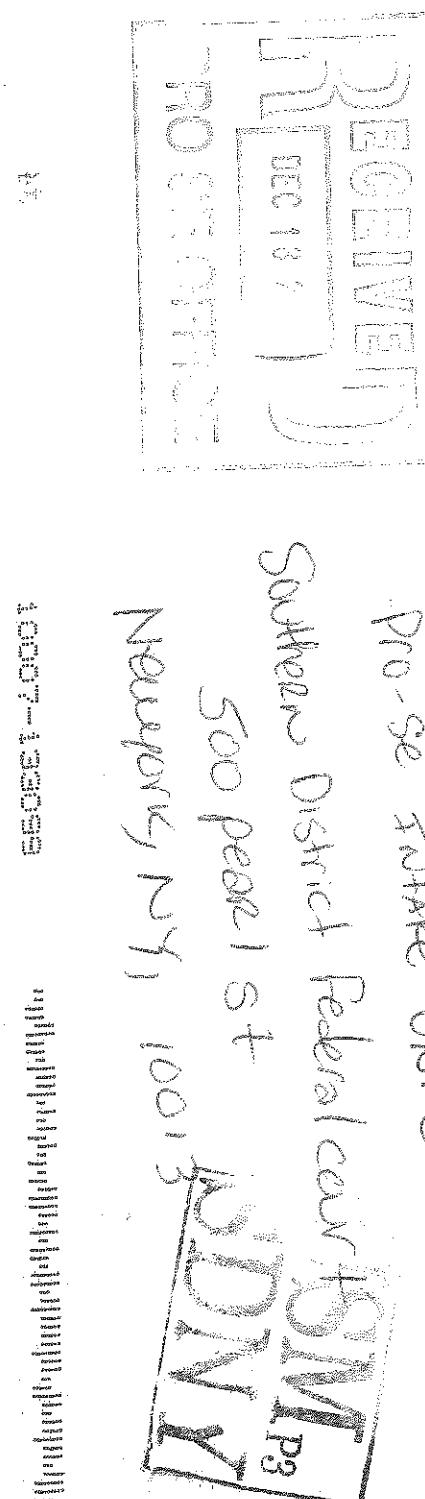
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Pro-SE TALKER UNIT

Southern District Federal Courthouse

500 Pearl St

New York, NY 10013



100-7-133333